

(name of Association)

APPLICATION FOR BOARD OF DIRECTORS

This Application must be returned by(date) to be valid.

Name: _____

Address: _____

Telephone: _____

Email: _____

I wish to submit my application to serve as a member of the Board of Directors. I have reviewed the qualifications for a director's position as set out in the governing Documents. I am qualified and willing to serve as a member of the Board.

I have also reviewed the responsibilities of the Board of Directors. I wish to share with the members the reasons that I am qualified to serve and my goals for this community:

Signed

NOMINATION – (Always check with the person first – if they are not interested, they may know someone else who is!)

I wish to nominate the following person for the position of Director:

Telephone;_____

Return this form by (date) to (name, address). Thank you!